

Foster Family Home - Corrective Action Report

Provider ID: 1-180019

Home Name: Sheillamari Prepuse, RN

86-218 Leihoku Street

Waianae

HI 96792

Review ID: 1-180019-4

Reviewer: Maribel Nakamine

Begin Date: 6/2/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 7/2/2020.

6.(d)(1)- see applicable sections of the review

PCG requests to increase from 2 person CCFFH to 3.

Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- Clients' Shower was without a non-skid rubber/bath mat.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9) - Client #2's room is equipped with a video monitoring- no written authorization from client/POA seen in client's chart.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- one medication was signed approximately 8 hours ahead.

Client #2- one medication was not transcribed in the Medication Administration Record.

Maribel Nakamine, RN
Compliance Manager

Sprey
Primary Care Giver

6/2/2020
Date

6/2/2020
Date

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: SHEILLAMARI PREPUSE

(PLEASE PRINT)

CCFFH Address: 86-218 LEIHOKU ST, WAIANAE HI 96792

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
49(a) (1)	Non skid rubber mat placed in the shower.	6/4/20	Will replace with a more permanent non skid rubber mat that does not bunch up under the shower chair wheels.
53(b) (9)	Signed written consent obtained from Client's# 2 POA.	6/8/20	Will include a blank consent on foster care policy and agreement and have patient or POA sign upon admission if applicable.
54(c) (5)	Medication transcribed into MAR as per doctor's order.	6/6/20	Double checked MAR against all active doctor's order for the patient. Educated all caregivers on being more attentive while signing MAR times/hour. And to avoid signing the MAR ahead of schedule.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 6/9/20

☒ CTA has reviewed all corrected items